PTO/SB/06 (07-06)

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U.S. Patent and Trademick Ciffice; U.S. Department, Ciffice; U.S. Department of the Proposed Research Office Research of the Proposed Research Office Research of the Proposed Research Office Research Off

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/534,187			ling Date 09/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED INON	N/A		N/A	FEE (a)		N/A	FEE (#)
H	(37 CFR 1.16(a), (b), (c)	or (c))	-						ı		
냳	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A	
브	(37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A	
(37	TAL CLAIMS CFR 1.16(i))		minus 20 = *			П	x \$ =		OR	x s =	
	DEPENDENT CLAIM CFR 1.16(h))			inus 3 = *		]	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		J			1		
* If 1	the difference in colu	umn 1 is less than	zero, ente	r "0" in column 2.		-	TOTAL		]	TOTAL	
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER T SMALL ENTITY OR SMALL E			ER THAN ALL ENTITY	
AMENDMENT	12/22/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.18())	• 14	Minus	<b></b> 29	= 0	П	X \$26 =	0	OR	x s =	,
١	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$110 =	0	OR	x s =	
ž.	Application Size Fee (37 CFR 1.16(s))										
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=	П	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		1	x \$ =		OR	x s =	
Z I	Application Size Fee (37 CFR 1.16(s))					1			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							·	OR		
Γ						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, water 0"n column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 8.0 enter "20".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 100 enter "20".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 100 enter "20".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 20 enter "20".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If the "Highest Number Previously Paid For IN THIS SPACE is less than 30 enter "3".  If											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients or Patients of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450.